

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/762580  
APPLICANT(S)

CLAIMS

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51					
2		/		/		/	52					
3	/	/	/	/			53					
4	/	/	/	/			54					
5	/	/	/	/			55					
6	2			/			56					
7	2			/			57					
8	10			/			58					
9	10			/			59					
10	/		/				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
16	/		/				66					
17	10			/			67					
18	/		/				68					
19	/		/				69					
20	10		/				70					
21	10			/			71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2									
TOTAL DEP.	21		19									
TOTAL CLAIMS	23		21									